PTC/SB06 (08-03)
Approved for use Brough 7/31/2005, ONED 0651-0032
U.S. Palent and Trademork Office; U.S. DEPARTMENT OF COMMERCE
to a connection of Information unless it displays a valls OMB control framber.

PATENT APPLICATION FEE DETERMINATION RECO							Application or Docked Humber 10/77-351			
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	FOR	NUMBE			NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE							5	OR		<u></u>
TOTAL CL	MS	43	minus 20 4					OR	x's=	
	ENT CLAN		mirus 3 •			H.S		OR	x 5 =	
D7 CFR 1.15(0) 7 minus 3 · 1 MATTPLE DEPENDENT CLAM PRESENT (37 CFR 1.16(0))						+1 •		OR	• • •	
of the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL	
Λ										
H CLAIMS AS AMENDED - PART II 13-37 4 1 (Column 1) (Column 2) (Column 3)						SMALL 1	ENTITY	OR	OTHER SMALL	
¥		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL CFEE
VENT	Total	AMENDMENT 43	Minus	* 43		X3		OR	x \$a	5
	PR 1.19(1) pendent PR 1.1900	• 4	Alinus	- 4		×5•		OR	x 8=	
RIST PRESENTATION OF MULTIPLE GEPENGENT CLAIM (37 CFR 1.1861)						+4•		OR	+5=	
						TOTAL ADD'L FEE	7_	OR	ADD'L FEE	,
		(Column 1)		(Column 2)	(Catumn 3)			,		
8 12		CLAIMS REMAINING AFTER AMENDMENT		NIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total FR 1,1802)	43	Minus	43		x 8=		OR	x3•	
N inte	condett SR 1,1600)	• 4	Minus		.(x 5		OR	×1•	
REST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (\$7 OFR 1.14(4))						+3		08	+1	
Page 1 Constitution of the						TOTAL ADO'L FEE		OR	TOTAL ADOLFEE	
(Column 1) (Column 2) (Column 3)										
2//	122/5	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
W	Total	· 4G	Minus	43	.6	x8		OR	жь <u>50</u> .	30000
	CFR 1,15(c) ependent CFR LM(b)	1.5	Minus	-1	•] .	X 5		OR	×1,200	200.00
¥ ,,,	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS. (ST OFR 1.46(4))						<u> </u>	OR	-	
·						TOTAL ADO'L FEE	L	OR	TOTAL ADO'L FEE	500,60
" if the entry in column 1 is test then the entry in column 2, write "0" in column 3. " if the "Highest Humber Previously Paid For" IN THIS SPACE is less than 20, enter "20". " if the "Highest Humber Previously Paid For" IN THIS SPACE is less than 3, enter "2".										
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.										

The "Highest Number Previously Paid For" (1008 or Independent) to the Inquest number source (1 the appropriate data is collection in the Independent of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to the (and by the Discount of Information of Information is required by 35 U.S.C. 122 and 17 CFR 1.14. This collection is estimated to Lick 12 minutes to complete, USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 17 CFR 1.14. This collection is estimated to Lick 12 minutes to complete, including generally, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the Individual case. Any comments including generally, preparing, and continued to Comments application from the USPTO. Time will vary depending upon the Individual case. Any comments including generally prepared upon the Individual case. Any comments including generally provided the Individual case. Any comments including upon the Individual case. Any comments including generally upon the Individual case. Any comments including general case. In Individual case in Individual case. In Individual case in Individual case. In Individual case in Individual case.

If you need assistance is completing the form, CSE 1-800-PTO-9199 and select option 2.